

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	9/11/31
2	8/30/21
3	7/21
4	6/21
5	5/21
6	4/21
7	3/21
8	2/21
9	1/21
10	12/21
11	11/21
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18	4/21
19	3/21
20	2/21
21	1/21
22	12/21
23	11/21
24	10/21
25	9/21
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30	4/21
31	3/21
32	2/21
33	1/21
34	12/21
35	11/21
36	10/21
37	9/21
38	8/21
39	7/21
40	6/21
41	5/21
42	4/21
43	3/21
44	2/21
45	1/21
46	12/21
47	11/21
48	10/21
49	9/21
50	8/21

Claim	Date
Final	
Original	
51	11/3
52	11/24
53	10/24
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Claim	Date
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If more than 150 claims or 10 actions  
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09/18 30005